

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-048390

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR TOWN

d. STREET ADDRESS

ADDRESS

740 No. Euclid

Inside Limits

Yes ☐ No ☐

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Iola

Middle

Last

Hamilton

4. DATE

OF DEATH

Month

12

Day

11

Year

62

5. SEX

Fem.

6. COLOR OR RACE

Negro

7. Married ☐Never Married ☐Widowed ☐Divorced ☒

8. DATE OF BIRTH

3/21/08

9. AGE (last birthday)

54

IF UNDER 1 YEAR

Months Days

8 20

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done

During most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Farmington, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Hill

13b. MOTHER'S MAIDEN NAME

Georgia Henson

14. NAME OF HUSBAND OR WIFE

Kirby Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Georgia Coats, Robertson, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Ureteral Obstruction

DUE TO (c)

Ovarian Carcinoma

1750

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11-26-62

to

12-11-62

and last saw her

alive on

12-11-62

Death occurred at

5:00

A.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

12-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12/14/62

23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cem.

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

DEC 14 1962

26. REGISTRAR'S SIGNATURE

Charles J. Gates, Jr., 4107 Finney

Earl Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Raymond Dickson, Student Embalmer No. 665
working under my personal supervision.

Student

Raymond Dickson
Signature of Student Embalmer

Signed

Gupton Swan

Licensed Embalmer No.

4580

P. O. Address

4107 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.